# FY 2025

# PROGRAM DESCRIPTION

**Parent Organization:** Type Name of Organization

**Program Name:** Type Name of Program

**Federal ID Number:** Please enter your agency’s Employer Identification Number.

**Licensing Agency:** Select Licensing Agency

PROVIDE THE CAPACITY FOR APPROPRIATE PROGRAM TYPE

**Residential License Capacity:** Enter RCC License Capacity

**Child Placement Agency Contract Capacity**: Enter CPA Contract Capacity

**Non-Residential State Agency Contract Capacity:** Enter NR Contract Capacity

**FY 2025 IRC Projected Capacity Request:** Enter Projected Capacity Request

(Include an explanation in budget justification if there is an anticipated capacity change.)

**Program Description**:

(Provide a type written description of the program listed above. Please limit your description to 100 words.)

Please enter your agency’s program description here.